U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amenced Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2/046	2. Fiscal Year Covered From
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name _{Peter} Frazer	Name IBEW Local 176
	Labor Organization File Number 028-865
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 34638 S.Chicago Rd.	Street 1100 NE Frontage Rd.
City Wilmington	City Joliet
State Illinois ZIP Code + 4 60481	State Illinois ZIF Code + 4 60431
5. Position in labor organization. Picket Committee member	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable pe	enalties of the law, that all of the information
submitted in this report (including the information contained in any accompany		
undersigned's knowledge and belief, true, correct, and complete. (See the se	ction on penalties in the instruc	tions.)
α /		
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Signed Atta C. Frazer St.	on 08/06/05	815-729-1240
	7 000	Telephone Number

Name of Person Filing	Peter Frazer	File Number U -
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if a	y). 9. Business deals with:
Name Arnold & Kadjan	
Trade Name, if any: Attorney P.O. Box, Bldg., Room No., if any Street 19 W. Jackson Blvd. City Chicago State Illinois ZIP Code+4	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing. Arnold & Kadjan is the labor union's legal counsel
P.O. Box, Bldg , Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$19,449
City	12.a. Nature of interest held or income received.
State ZIP Scde + 4	
	12.b. Amount. \$298

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Lab (including trade name, if any).	or Relations Consultant	14.a. Nature of payment
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Coce + 4	
13.b Is the Business an Employer	or Consultant ?	14.b. Amount of payment.